



# APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATION BY RECIPROCITY

State Form 47290 (R / 8-96)

Approved by State Board of Accounts 1995

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

**NOTE:** A \$30.00 fee must be submitted with each application for certification. Applications must be signed by the individual, and his / her supervisor. Failure to file a properly completed application may result in the application being disapproved. **(APPLICATION FEE IS NONREFUNDABLE)**

This is an application for a Class: <i>(circle one)</i>	Industrial	A-SO	A	B	C	D
	Municipal	I-SP	I	II	III	IV
Would you accept a lower classification if not eligible for Class circled above?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						

FOR OFFICE USE	
Classification	
Status	
Location	
School	
Remarks:	

## I. GENERAL INFORMATION *(Please type or print legibly)*

A. Name of applicant *(last, first, middle)*

☐ Mr. ☐ Mrs. ☐ Ms.

B. Mailing address *(number and street, city, county, state and ZIP code)*

Office telephone number

( )

Home telephone number

( )

C. Date of birth

Social Security number \*

\* Your Social Security number is being requested by this state agency in order to expedite processing of your application. Disclosure is **voluntary** and you will not be penalized for refusal.

D. Have you ever applied for wastewater certification in Indiana before?

☐ Yes ☐ No

E. In which state are you presently certified?

☐ Yes ☐ No

Please give certification number and classification:

## II. ABC RECIPROCITY REGISTRY

Are you presently listed on ABC's Reciprocity Register?

☐ Yes ☐ No

If Yes, what certification level?

☐ Class I ☐ Class II ☐ Class III ☐ Class IV

Certification number

## III. EXPERIENCE HISTORY

List your current assignment first. Show all experience in the wastewater treatment field. Positions of responsible charge should be listed separately. Show any related experience you feel is applicable.

DATE <i>(Month and Year)</i>		POSITION TITLE AND JOB DUTIES	NAME OF FACILITY, CLASSIFICATION OF FACILITY, TYPE OF TREATMENT AND AVERAGE FLOW	
FROM:	TO:			
		Position title	Name of facility	
		Job duties	Classification of facility	
			Type of treatment	Average flow
		Position title	Name of facility	
		Job duties	Classification of facility	
			Type of treatment	Average flow
		Position title	Name of facility	
		Job duties	Classification of facility	
			Type of treatment	Average flow

*(Additional sheets may be attached if necessary.)*

*(Continued on the reverse side)*

[illegible]

**V. SIGNATURE OF APPLICANT**

I, the undersigned, certify that I am the above applicant; that all statements made and information regarding education, training, experience and responsible charge are true and correct to the best of my knowledge and belief; that I have listed all potentially affected parties, as defined by IC 4-21.5, to the best of my knowledge and if none are listed it signifies that none are known; that I understand that any omissions or misrepresentation may result in ineligibility for the examination applied for, revocation of any certificate granted or voiding a decision made regarding my application. I also consent to verification of my qualifications for the certificate for which I have applied.

Signature of applicant

Date (*month, day, year*)

The completed application, along with all required fees and attachments should be mailed to:

**Cashier  
Indiana Department of Environmental Management  
100 North Senate  
P.O. Box 7060  
Indianapolis, Indiana 46207-7060**

Please make all checks payable to the Indiana Department of Environmental Management.  
***DO NOT SEND CASH.***